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**PROFIT GORPO**RATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M74701

(7)

Mailing Address

HAIRMASTERS BEAUTY SALON, INC.

FILED	
Mar 27 1997 8:00am	]
Secretary of State	

7188 SOUTH FEDERAL HIGHWAY. #2 PORT ST. LUCIE FL 34952		7188 SOUTH FEDERAL HIGHWAY, #2 PORT ST. LUCIE FL 34952-1411					
					3. Date Incorporated or Qualified 03/31/1988	3s. Date of Last 03/21/1996	Report
2. Principal F	Place of Business	L	g Address		4. FEI Number	A	Applied For
21		26		····	65-0039337		ot Applicable
Suite, Apt 22		27	Apt. #, etc.		5. Certificate of Status Desired	,	Additional Required
City & Sin	le	City 8	State		6. Election Campaign Financing Trust Fund Contribution		May Be I to Fees
Zip 24	Country 25	Zıp <b>29</b>		Country 30		Yes No	s. 199.032
	9. Name and Address of Cur	rent Registered	Agent		10. Name and Address of New Re	Istered Agent	
	GERS, BETTY S.			81 Name	Hu 5. 11 nzella		
	O PALMEPTO DR. RT PIBRICE FL 34982			82 Street 6	Address (P.O. Box Number is Not Acceptab	le)	
/				84 Cibry	· Nessae	85 Ziq	Cooper T
11 Pareupot	to the provisions of Sections 607.6	502 and 607 150	8 Florida Statu	ites the above-named	corporation submits this statement for the p	FL 31	A CAPP
office or	registered agent, or both, in the St am familiar with, and accept the ob	ate of Florida. Suc	ch change was	authorized by the corp	poration's board of directors. I hereby accep	t the appointment a	s registered
SIGNATURE	· • · · · · · · · · · · · · · · · · · ·						<del></del> .
12.	Signature, typical or printed name of registered OFFICERS:	AND DIRECTORS		1E: Registered Agent signature 13.	ADDITIONS/CHANGES TO OFFIC	DATE FRS AND DIBATOTO	RS IN 12
TITLE				1.1 TITLE	Pres Ment-		Addition
NAME	D BETTU S <del>VPZE;;A</del> V 0 7 € 6008 SPRUCE DR € C	Ha Charl	-1 ·	1.2 NAME	Ellssours Her		
STREET ADORESS	6008 SPRUCE DR € ( C	KKSUT	10-	13 STREET ADDRESS	LODRISOCULE QC	_	
CITY - ST - ZIF	FT PIERCE FL			14 CITY-ST-ZIP	BEHY 5, VOZENTO 6008/SPULLE JC, 74, PIELE, FL, 3	4983	
TITLE	DS		DELETE	2 1 TITLE		Change	Addition
NAME	KOSSOVER, CARMEN			2.2 NAME			
STREET ADDRESS	2214 S.E. SESAME LANE			2.3 STREET ADDRESS			
CHY-ST-ZF	PT. ST. LUCIE FL			2. 4 CITY - ST - ZIP			
Tiff(F			DELETE	3.1 T/TLE		☐ Change	Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS	•		
C(TY - ST - Z)P			DELETE	3.4. CITY-ST-ZIP		☐ Change	Addition
TITLE			☐ DETE LE	4.1 TITLE		□ cusu8e	[] Munion
NAME DEDECT ADDRESS				4. 2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS 4.4 City-St-Zip			
CITY ST ZIP TITLE			DELETE	51 TITLE		Change	Addition
NAME				52 NAME			
STREET ADORESS				5.3 STREET ADDRESS			
CHY-SI-AP				5.4 CITY-ST-ZIP			
TILE			DELETE	61 TITLE		Change	Addition
NAME				6.2 NAME		_	
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - \$1 - ZIP				6.4 CITY-ST-ZIP			
	the state of the s						

I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

I BETHY 5. VOZElla re-married 8-26-94. My previous last name was Rodgers. I filed an amends ment with you + potal attombee to Vozella + aottect my address to 6008 Spruce Dr. Fort Prende 34982 4 these cortections have not been made. Lan you take care of this please. I am President of Hairmasters REauty Salon. Thankyou